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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/190,186 03/17/2000

SDP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <i>Sp 10.0.0.0</i> Examiner's Signature Initials				

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SDP 10/18/05

SALMONELLA TYPHIMURIUM-INFECTED CAENORHABDITIS ELEGANS FOR IDENTIFYING  
 TITLE INHIBITORS OF INFECTION  
 Methods for screening and identifying pathogen virulence factors

FILING FEE  RECEIVED 1892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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